

Name

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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Office:

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

MAINEETHICS COMMISSION

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

		4☑ House ☐ Senate
Mailing address	######################################	District
Box 710	SAN TUNNANAN ANNANAN ANNANANAN ANNANANAN ANNANANANANANANANANANANANANANANANANANANA	62
City, zip code		Phone
13AM 04530		207-443-1606
PART 1, INCOME DERI	VED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer

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in the state of th		
	ERIVED FROM SELF-EMPLOYMEN ators who are self-employed.)	
	ators who are self-employed.) In the major areas of economic activity	r from which you derived income. If
(For Legisla A. List the name and address of your business, if any, ar associated with a partnership, firm, professional associati	ators who are self-employed.) In the major areas of economic activity	r from which you derived income. If
A. List the name and address of your business, if any, ar associated with a partnership, firm, professional association entity. Name and Address of Business Entity	ators who are self-employed.) Indicate the major areas of economic activity on, or similar business entity, list the major. Major Areas of Economic Activity	r from which you derived income. If or areas of economic activity of that Major Areas of Economic Activity (partnership, association or similar
A. List the name and address of your business, if any, ar associated with a partnership, firm, professional association entity. Name and Address of Business Entity Name: THOMAS R. WATTON, P.A.	ators who are self-employed.) Indicate the major areas of economic activity on, or similar business entity, list the major. Major Areas of Economic Activity (self)	from which you derived income. If or areas of economic activity of that Major Areas of Economic Activity (partnership, association or similar business entity)

PART 2 (continued). INCOME DERIVED F (For Legislators who are self-		MENT
B. List each source of income derived from self-employment that represents greater, and specify the principal type of economic activity of the entity or predisclosure is prohibited by law, rule, or an established code of professional etheral entity or person from whom the income was derived.	erson from whom you de	erived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	0.000	
Address:	ng ya pagangan kang pana na mahan kari ka silakahan jambig kandhida ki kiba kiba kiba kiba kiba kiba kiba	
Name:		
Address:	***************************************	
PART 3. MAJOR AREAS O (For Legislators who are attorney		
List your major areas of practice. If associated with a law firm, list the major at		
Name and Address of Firm	Major Areas of Prac (self)	ctice Major Areas of Practice (firm)
Name: THOMAS R. WATER PA Address: 1565 WASHINGA ST BATH 04530	Passonar Iwan	s (sque)
Address: 1565 WASHLATON ST BATH 04530		
Name:		
Address:	**************************************	V (1)
PART 4. OTHER SOURCES	OFINCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of the	is form. Do not include gi	fts. If none, check the box.
☐ None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: NOTEAGE, HICKEL	we/protocolates/spige	RENT
Address: Box 5000 TOPSHAM, ME		KETISAN AND AND AND AND AND AND AND AND AND A
Name:	ik ve index ve evene en	
Address:	220/2012	
PART 5. REPORTABLE L	IABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that areas of economic activity of each creditor. Do not list credit card liability or loans		
None	New BELINDER LEAD (ISLE) IS EMPLOYED A SEQUENCIAN OF COLOR OF SIGNAL AND	usinaderakaisin (1900-1914) (1902) Arangan pasisinga kapanina kapada darahar Arangan Pandri Arangan Pandri Sinder (1904) (1906) (1904) (1906) (1904)
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	and the control of th	
Address:	Aven ex-constitution	
Name:	garanteen anno anno anno (an -cuttorio). Il anno an anno anno anno anno anno anno	·····································
Address:	Anthenan	

PART 6.	. REPOR	TABLE GIFTS			
List the specific source of each gift of more than \$300. Including none, check the box.	lude gifts w	ith an aggregate v	alue of more	than \$300 from a s	ingle source. If
None	admontorano valore y canada y transcrieto.	\$	Allerett (de cere e commente presenta arragia) grapa	MSCA SHAMMAR ARABANI ISA SHIGIBA NA NA MISIN ISA SHAMBANI INA SHAMBANI ARABAN MISIN MASINA MASINA MASINA MASIN	k et komister et die er komiteer van die eerste geveer geveer van die komiteer van geweels van geweels van gegege.
Name of Source of Gift			Name of	Source of Gift	rellend (som helf sånde herseter konstryke) til gruppe til den gibbonenstr Krestinning som krestinning som krestinning som krestinning som krestinning som krestinning som krestinning som
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PART 7. RE	EPORTAE	BLE HONORARI	A section of the		
List the source of any honoraria accepted for appearances or	r speeches	related to your legi:	slative respo	onsibilities. If none, c	heck the box.
Name of Source of Honoraria	tempolityytiiseaatujyjiinejyyytengovartelpojotyt	www.g 11-j 11 in the synthesis of the first first first first first fill the synthesis for the synthesis fill on the synthesis	Manager of Sol	urce of Honoraria	ikana garapatan karapatan perindakan kepitan karapatan kepitan kepitan kepitan kepitan kepitan kepitan kepitan
name of Source of Honorana 1.		element de la manet de deservation de la company de la B	Name or oo.	ЯСЕ ОГПОПОГАПА	
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PART 8. REPRESENT	TATION E	BEFORE STATE	AGENCIES		Large Rais (sta
List each executive branch agency before which you represe	ented or as	sisted others for co	ompensation	of any amount. If r	one, check the
None	incided Construction (with the local Construction Cons	rant sid d'Araktaine (Araktais) de Araktais) de Araktais (de Araktais (de Araktais (de Araktais)) de Araktais (de Araktais) de Araktais (de Araktais	^~~~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	9 A he mailtíréadamhn a d'Amhráigheánach thon leitheal aitheach he mheachtalachta a teachail ar e actuaige	Ättäminna van norming francische, geräterliche Arthreite der Arthreite der
Name of Agency	enter to be dell'il tropiciti productivo dell'investi del		Name	of Agency	
1. WORKER CONTENSATION BOARD	3	3.			
2. Social Security AssuristRATION	A desirements expressional relations in Section 12	n-meneralizationisette esse Lastinetentumente en promoverbuttistococombusium	ediktoriAMSetition (A. Andreis A. Andreis (A. Adhres et a. A. Andreis et a. A. Andreis et a. A. Andreis et a.	arven tann immer van mentan mentitekskild filmmakrijasilanismen jirmet 1990-lik	Mediletten (4 Methole (1 millete (1 millete (1 millete Astrol. I men Assessment automore
PART 9. BUSIN	EC WIT	LICTATE AGEN	osee		
List each executive branch agency to which you or a member		analis statistis (1966)		r services with a value	e in excess of
\$1,000 during the reporting period. If none, check the box.	280mVV70m3v70VV466664vviinvVV3Vv3v7bV		omangingrapiyomaniyinasipoasidasi	\$	95/45/45/Andrews
Name of Agency	waters service to the telephylocity in services	newskard (the legal of the high state of the	Mama Nama	of Agency	والمعارضة والمهاملة والمردودة والمدار والمدار والمدار والمدار والمدار والمدارة والمدارة والمدارة والمدارة والم
Name of Agency 1.	3		IVause	or Agency	ACC CONTROL OF A CONTROL OF A Common A A Adolesced and control of a state of the Control of the
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2.	4				
PART 10. INCOME RECEIVE	ED BY ME	MBERS OF IMM	!EDIATE F	AMILY	
List the type of economic activity representing each source of	of income of	of \$1,000 or more r	received by	your spouse or dome	estic partner or
dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not i	d of income	represented. If yo	our spouse c	or domestic partner re	eceived \$1,000
Name of Spouse or Domestic Partner and Job Title	Represe		Relationship	Kind of In	come
	Incor	me Received	SECTION AND ADDRESS OF THE PROPERTY OF THE PRO		
Name:	1. 2.	Manadary Art Film	Spouse or Domestic	1. 2	
Job Title:	3.	NIA	Partner	3. A A	
	electrical process of the control of	MRIESA A ARRANDA SAMONIA A SAMONIA A SAMONIA ARRANDA SAMONIA SAMONIA SAMONIA SAMONIA SAMONIA SAMONIA SAMONIA S	Dependent	an tanàna ang taon ann ang taong ang taona ang ang ang ang ang ang ang ang ang a	r olgen til grede en flynningen om skille flydd en am en a gan ei'i a gan ei a gan ei'i a gan ei'i a gan ei'i a
If dependent child(ren) receive more than \$1,000 of income	2.5	SOCIOTATION AND PROPERTY OF A STREET, AND A STREET, AND A STREET, AND A STREET, A STREET, A STREET, A STREET,	Child Dependent	**************************************	20000 - Militar Paralleland Samuel ann amhair a r- Ionn ann agus agus a-c-
for the reporting period, list only the type of economic activity and the kind of income.		na de la companya de	Child		
	Medical Control of the Control of th	· 1911	Dependent Child		

□ None			*				
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?		
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PART 11. OFFICER OR DIRECTOR POSITIONS